



Behavioral Health is Essential to Health

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SAMHSA: Key Messages



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- ➔ Behavioral health is essential to health
- ➔ Prevention works
- ➔ Treatment is effective
- ➔ People recover from mental and substance use disorders

SAMHSA's Role in Leading Change

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- ➔ **Mission:** To reduce the impact of substance abuse and mental illness on America's communities
- ➔ **Roles:**
 - Leadership and Voice
 - Funding - Service Capacity Development
 - Information/Communications
 - Regulation and Standard setting
 - Practice Improvement
- ➔ **Leading Change – 8 Strategic Initiatives**

SAMHSA Strategic Initiatives

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→ AIM: Improving the Nation's Behavioral Health

- 1 Prevention
- 2 Trauma and Justice
- 3 Military Families
- 4 Recovery Support

→ AIM: Transforming Health Care in America

- 5 Health Reform
- 6 Health Information Technology

→ AIM: Achieving Excellence in Operations


- 7 Data, Outcomes & Quality
- 8 Public Awareness & Support

Challenges



- ➔ In 2010, an estimated 22.1 million persons were classified with substance abuse or dependence.
 - 2.9 million of them were dependent upon or abused both alcohol and illicit drugs.
- ➔ And, during 2010, there were an estimated 11.4 million adults (18 or older) in the U.S. – 5.0% of adults -- with serious mental illness in the past year.

Past Month Alcohol Use - 2010



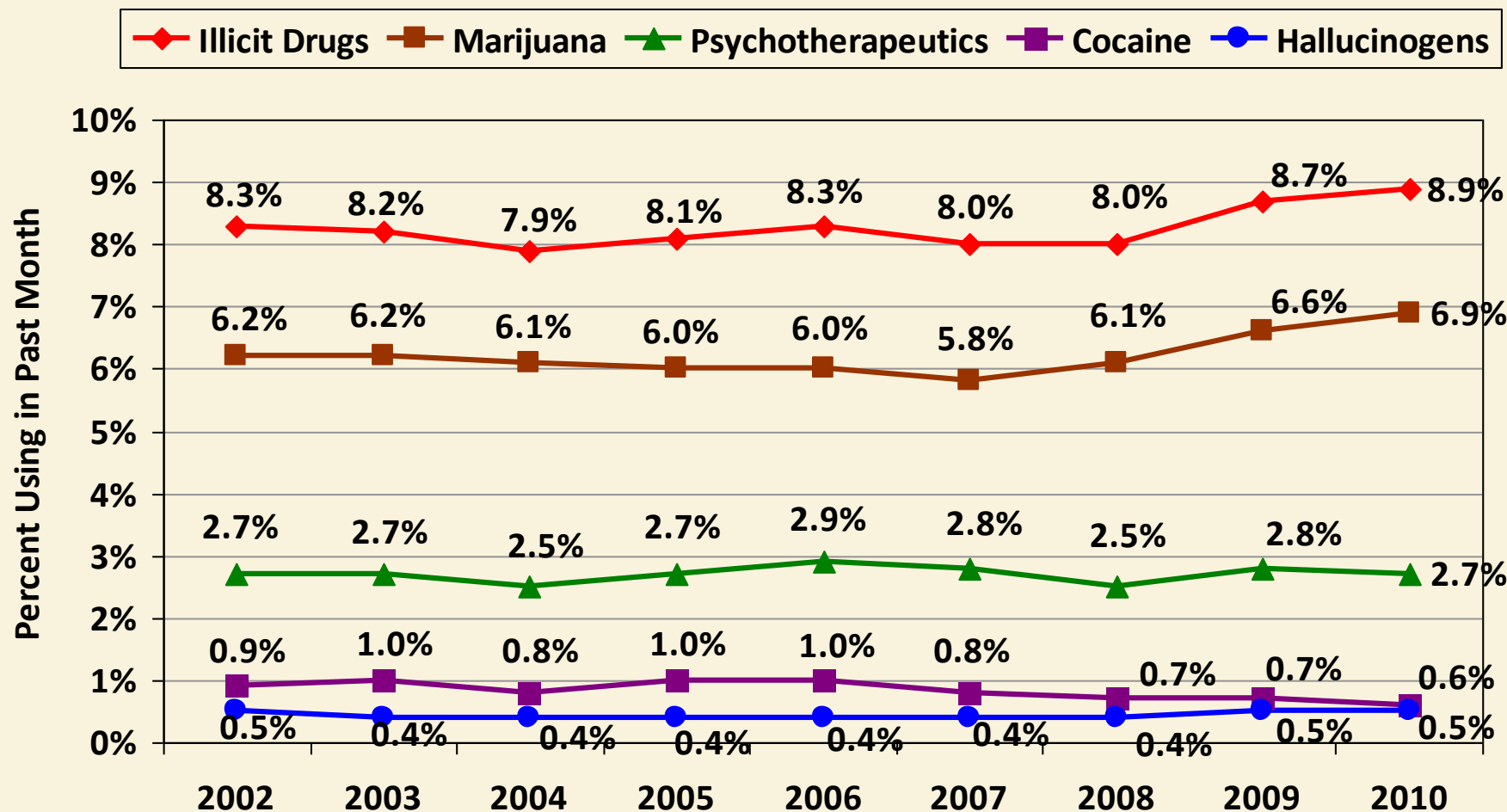
Any Use: 51.8% (131.3 million)

Binge Use: 23.1% (58.6 million)

Heavy Use: 6.7% (16.9 million)

(Current, Binge, and Heavy Use estimates are similar to those in 2009)

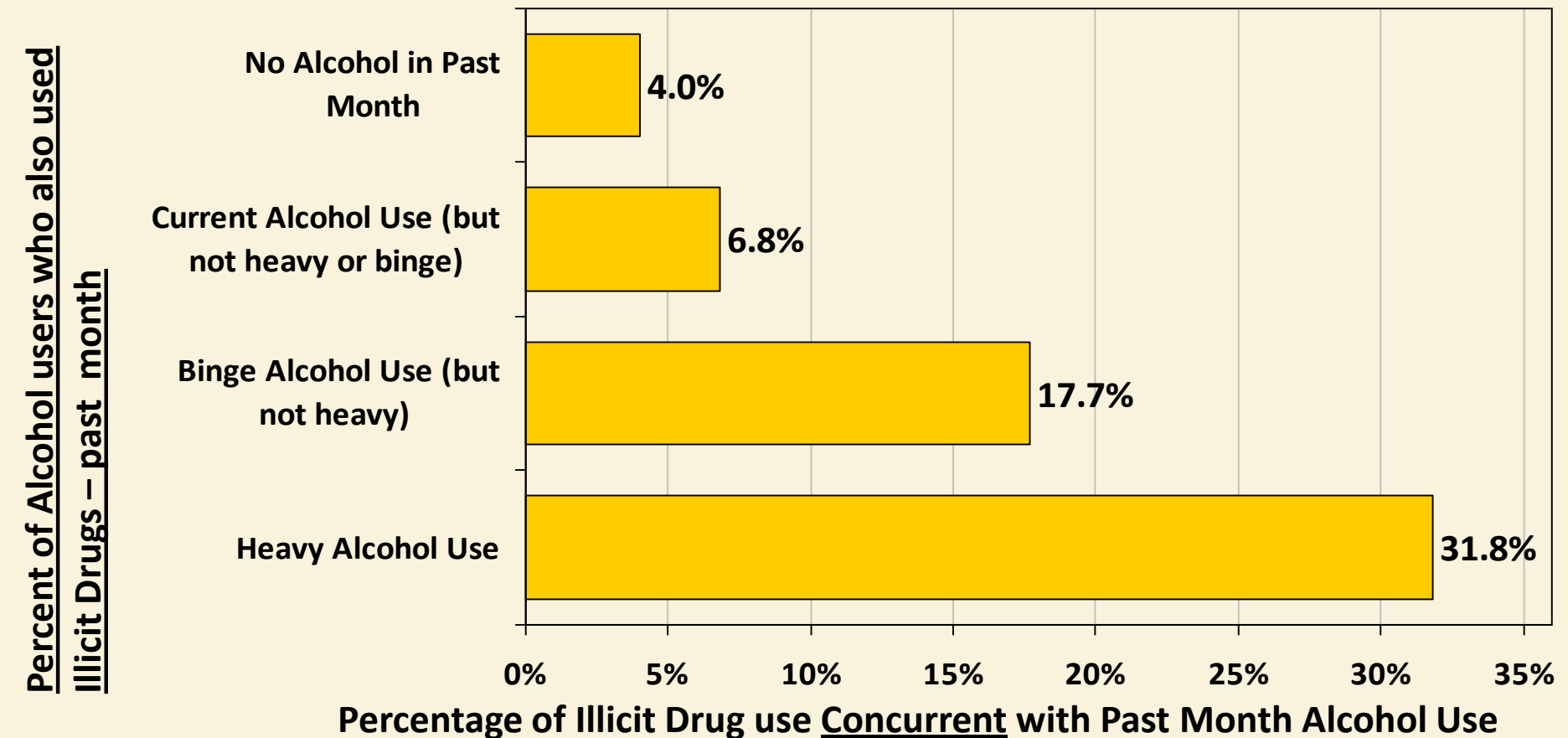
Past Month Use of Selected Illicit Drugs among Persons Aged 12 or Older: 2002-2010



Concurrent Illicit Drug and Alcohol Use



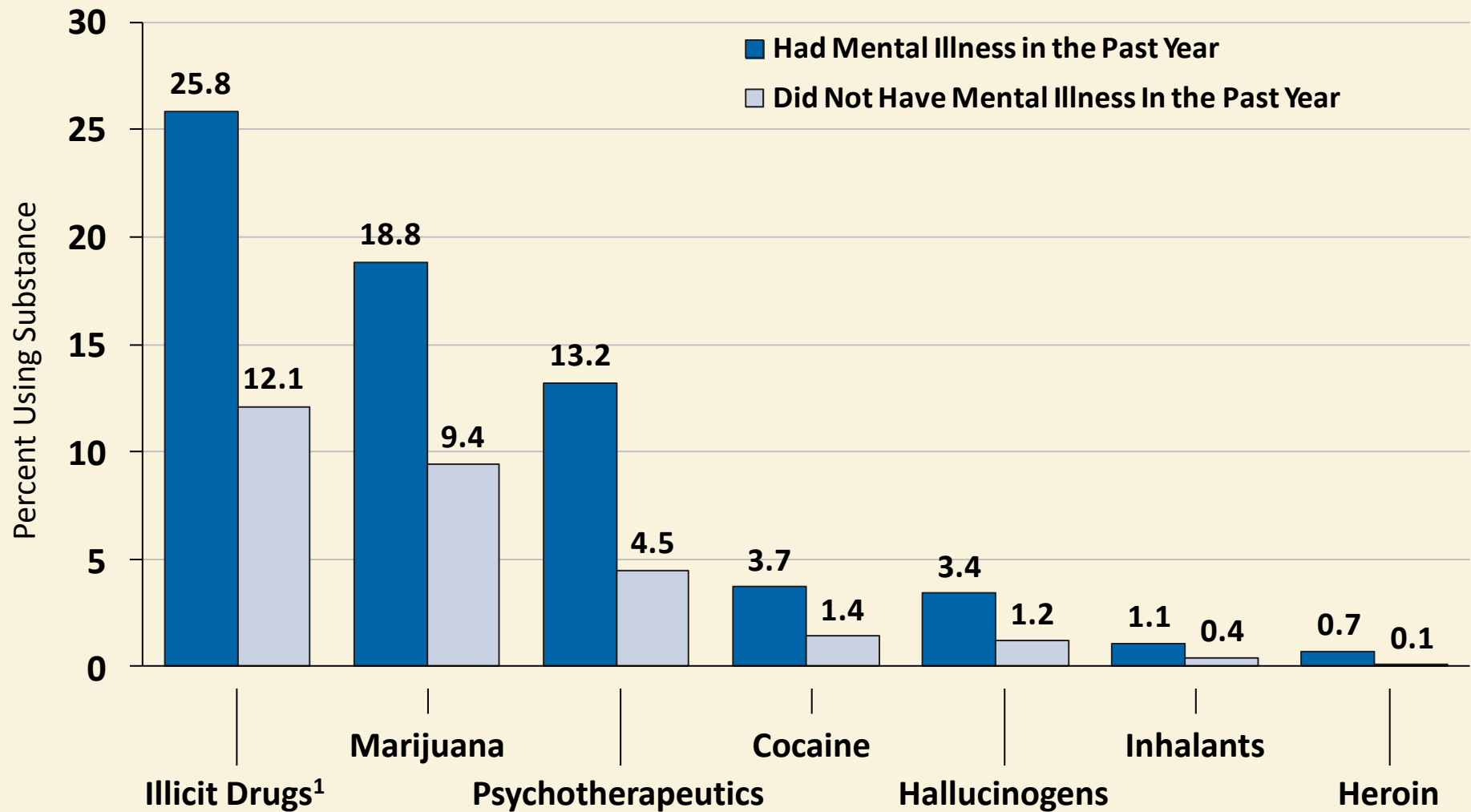
Illicit Drug Use concurrent with Last Alcohol use among Past Month Alcohol Users aged 12+



Kentucky State Indicators vs. National Average

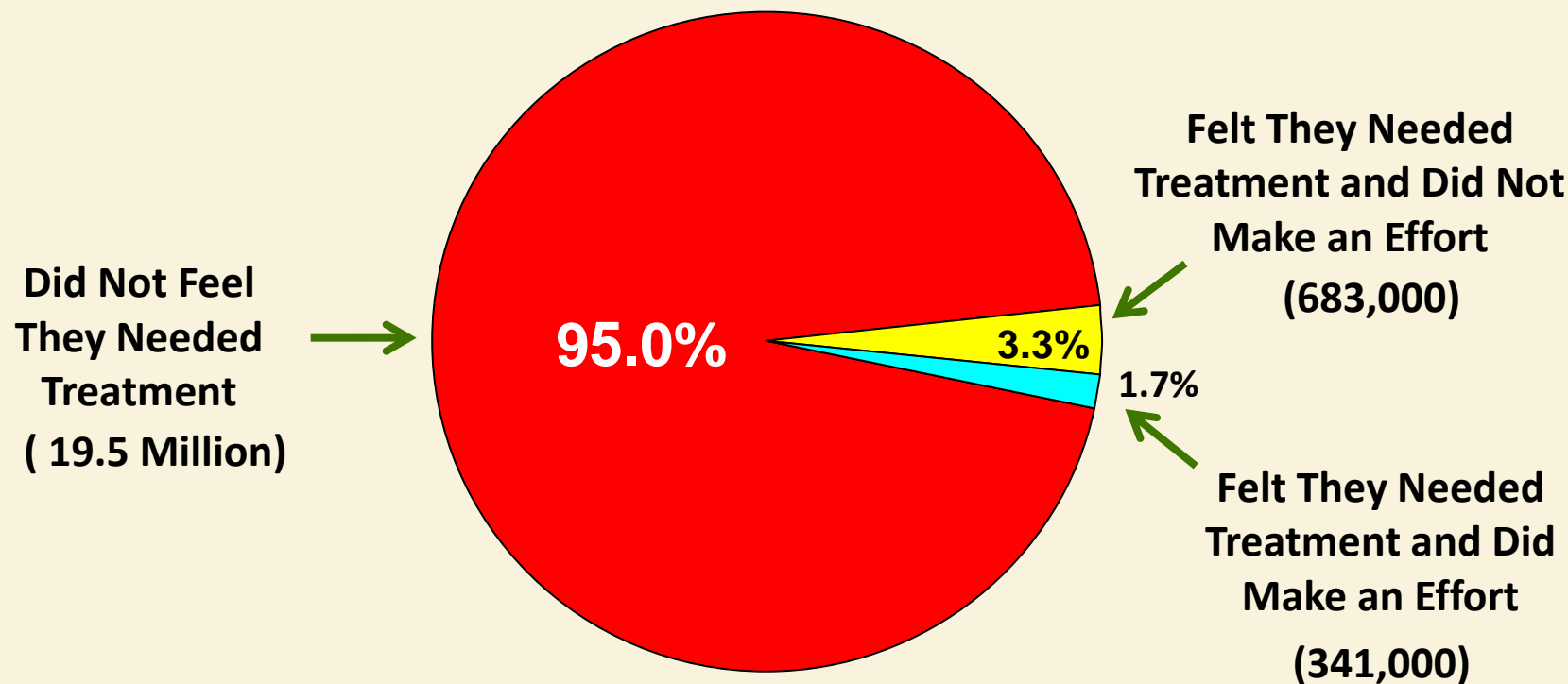
Percent of clients reporting...	Kentucky	National Average
Binge Alcohol Use in Past Month	16.48%	23.46%
Any Illicit Drug Use in the Past Month	7.44%	8.35%
Alcohol or Drug Dependence or Abuse in Past Year	7.92%	8.92%
Needing, but not receiving treatment for illicit drug use	2.90%	2.53%
Needing, but not receiving treatment for alcohol use	5.70%	6.98%

Past Year Substance Use among Adults Aged 18 or Older, by Any Mental Illness: 2010



¹ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

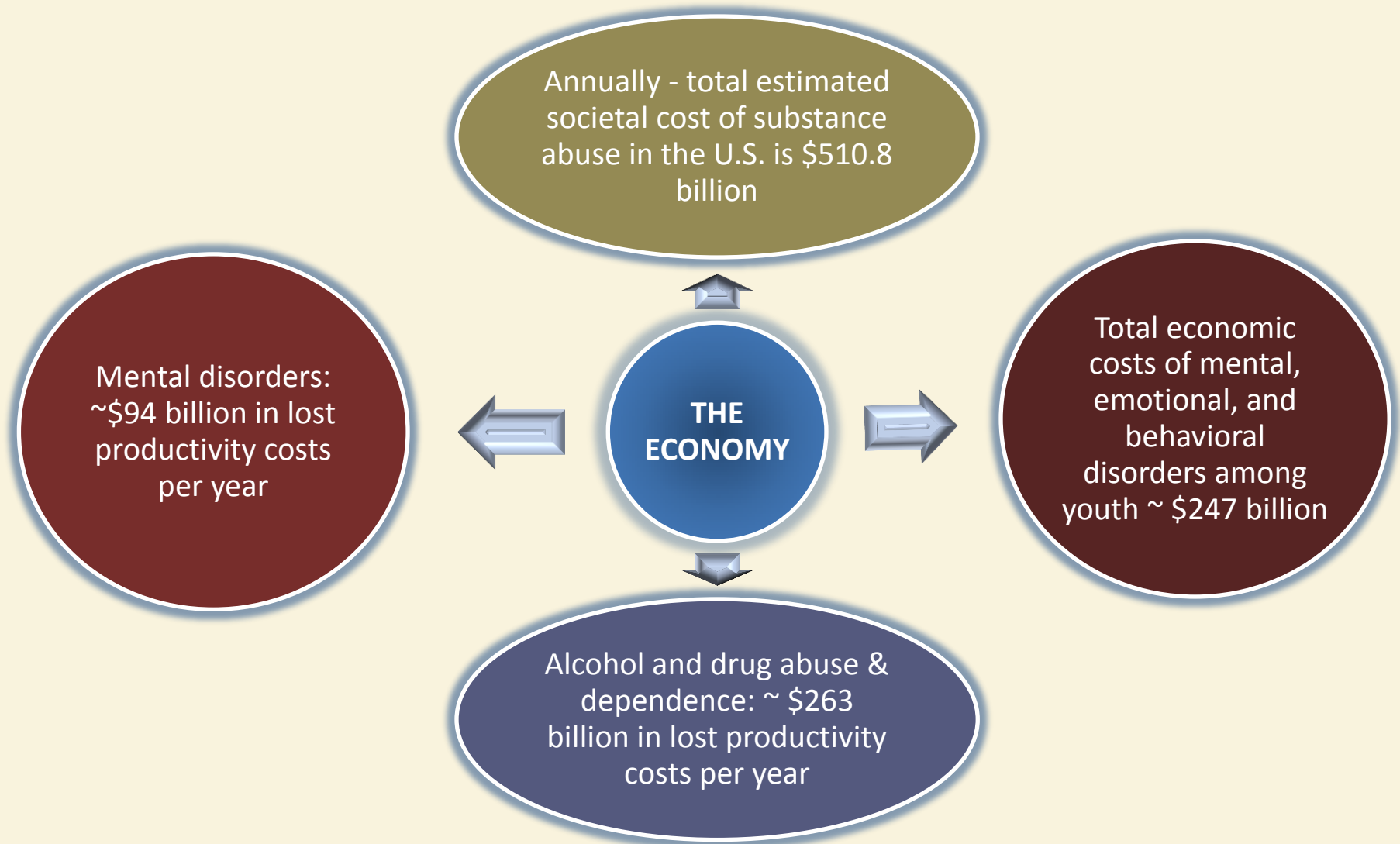
Past Year Perceived Need for and Effort Made to Receive Specialty Treatment among Persons Aged 12 or Older Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use: 2010



20.5 Million Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use

BEHAVIORAL HEALTH – IMPACT ON AMERICA

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BEHAVIORAL HEALTH – IMPACT ON AMERICA

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HEALTH CARE

- ➔ By 2020, BH conditions will surpass all physical diseases as a major cause of disability worldwide
- ➔ Almost ¼ of all adult stays in community hospitals involve M/SUDs
- ➔ 44 percent of all cigarettes consumed in the U.S. are by individuals with M/SUDs
- ➔ Up to 83 percent of people w/SMI are overweight or obese
- ➔ People with serious mental illness have shortened life-spans, on average living only until 53 years of age
- ➔ More co-morbidities among persons with M/SUDs; higher health care costs when M/SUDs untreated

The Benefits of Integrated Health Care



Integrated care:

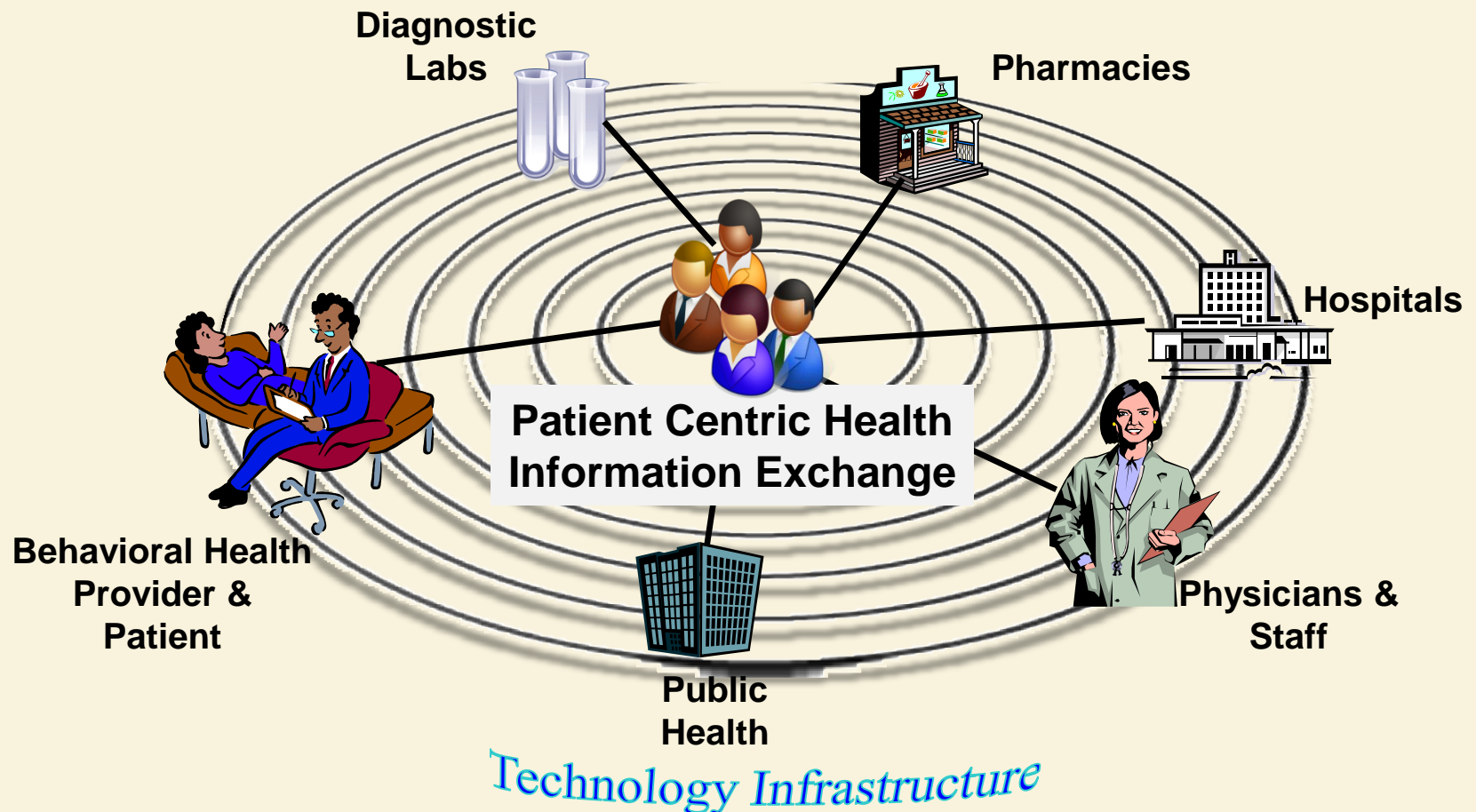
- Creates a seamless engagement by patients and caregivers of the full range of physical, psychological, social, preventive, and therapeutic factors known to be effective and necessary for achieving optimal health throughout the life span, and
- Shifts the focus of the health care system toward efficient, evidence-based practice, prevention, wellness, and patient-centered care, creating a more personalized, predictive, and participatory health care experience.

The Role of Health IT

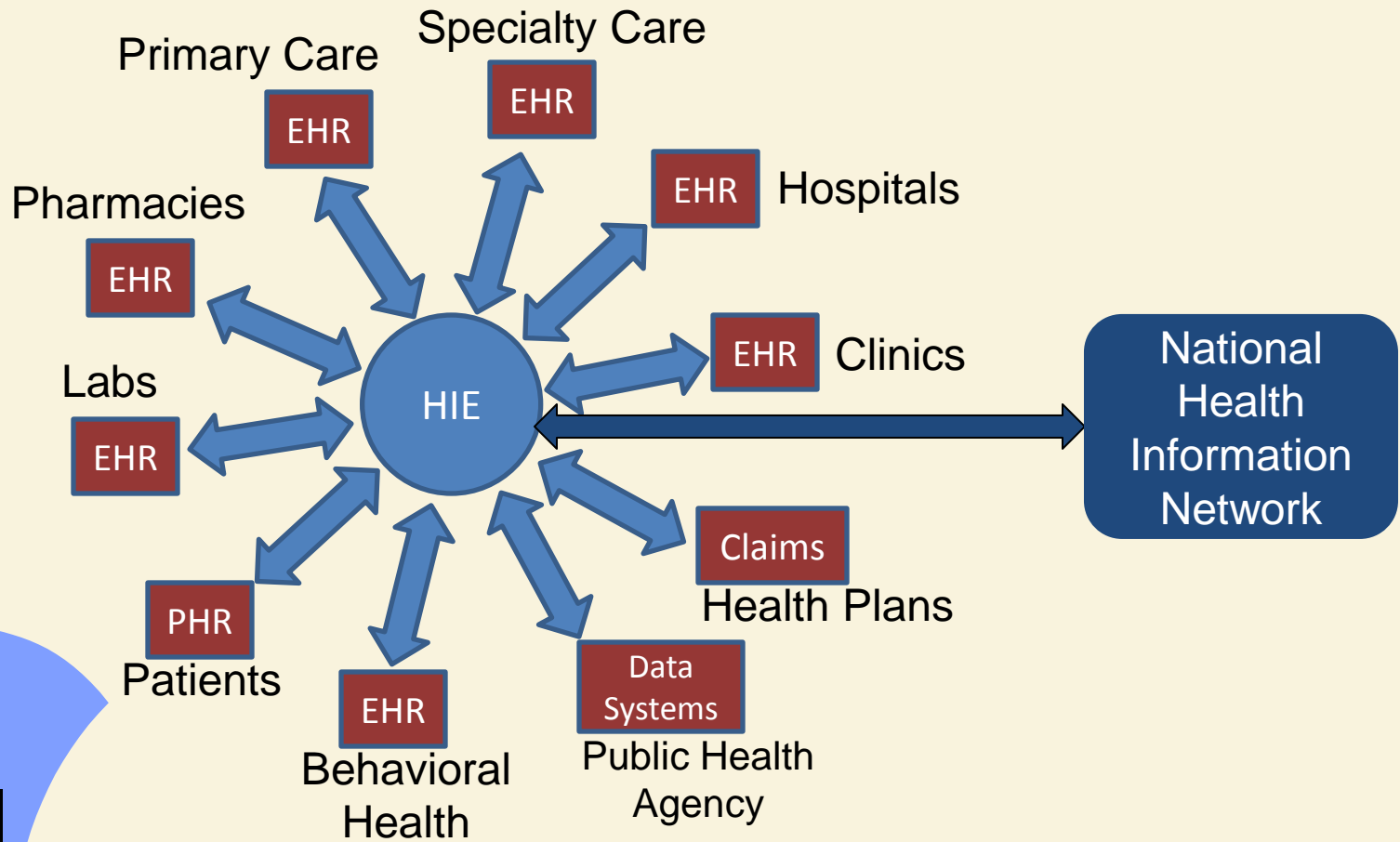


- ➔ Health Information Technology is an important part of providing integrated treatment by linking between programs, services, and providers.
- ➔ Health IT can help behavioral health providers:
 - Communicate and collaborate between providers and other programs
 - Track the progress of those who leave a program and monitor when and if additional services are needed
 - Reduce redundancy between programs and providers
 - Increase the quality of care
 - Increase access to services and support

The Goal: A Connected Infrastructure with a Behavioral Health Component



Health Information Exchange



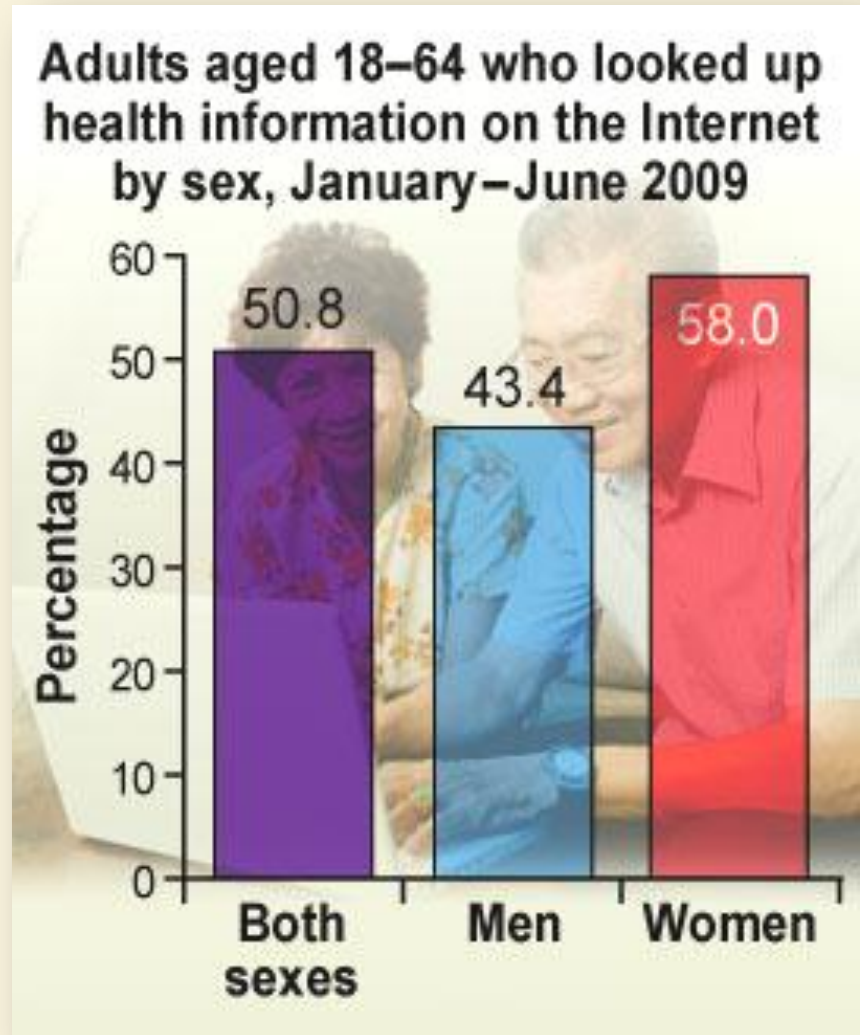
Behavioral Health IT



- ➔ Behavioral health is unique
 - More stringent privacy requirements
 - Subjective diagnoses
 - Majority Non-pharmacological treatments
 - Less emphasis on labs & imaging
 - Need for strong and continued patient engagement
 - Role of the family and social support structure

Behavioral Health Needs to be Part of Health IT

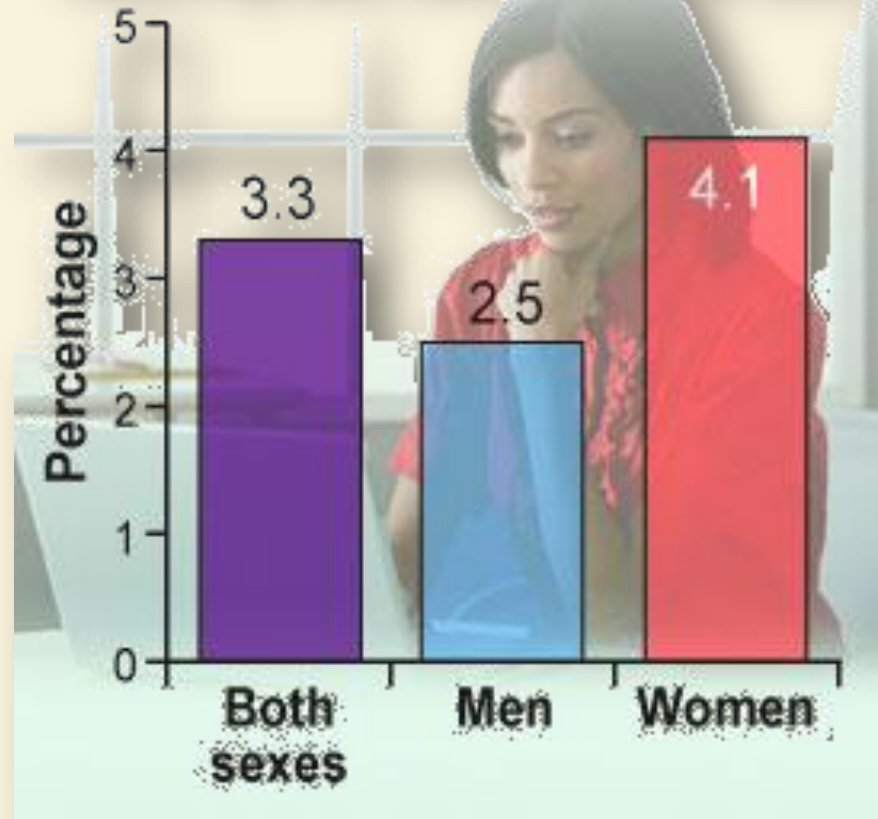
- Because more individuals are turning to the Internet for health related information and referral to treatment.
- Behavioral health should be part of a holistic approach to health.



Behavioral Health Needs to be Part of Health IT (cont'd)

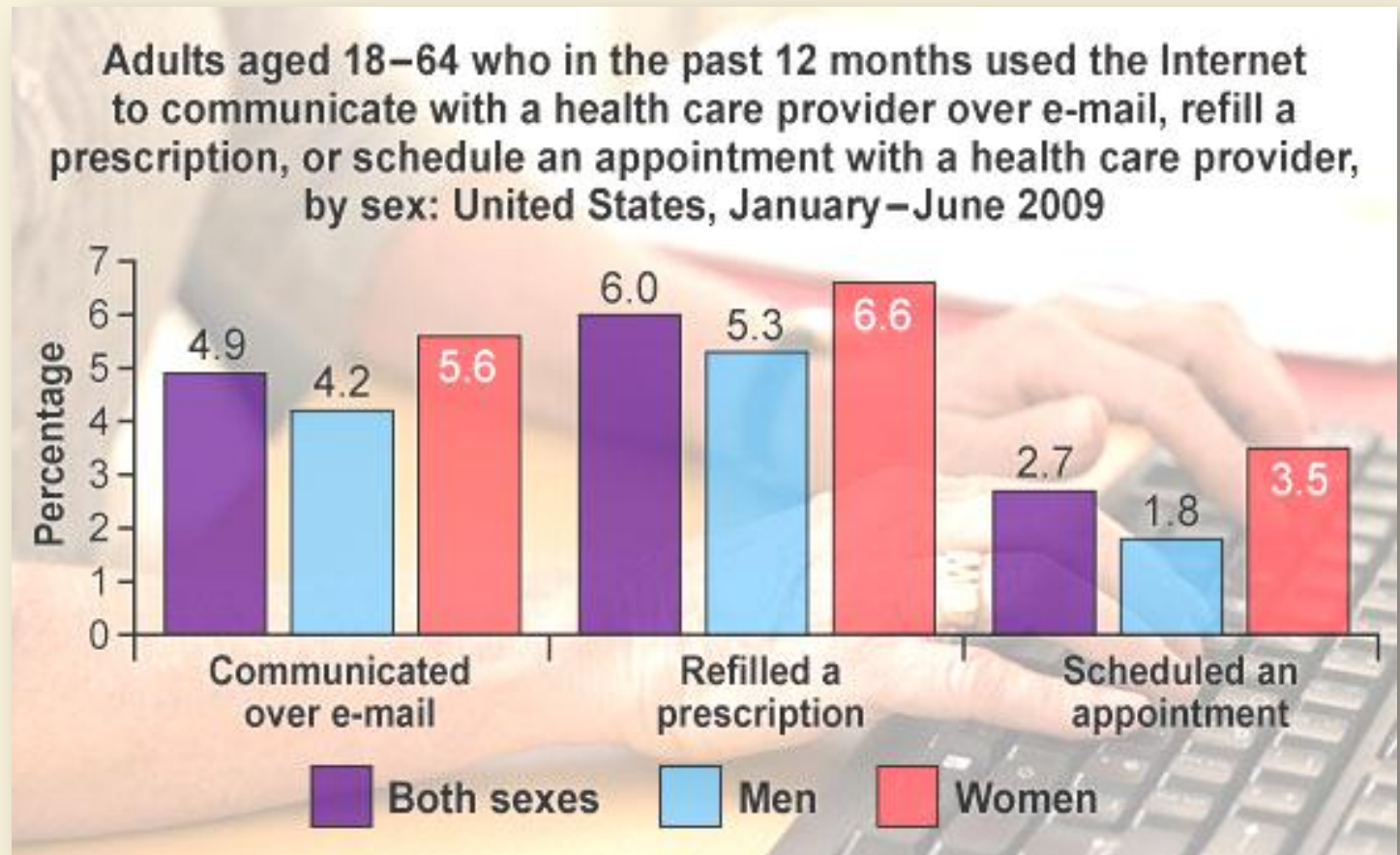
- Because social media can connect individuals to information, services, and support.
- When used effectively by behavioral health providers, social media can help overcome the barriers to seeking treatment.

Adults aged 18–64 who used online chat groups to learn about health topics by sex, January–June 2009



Behavioral Health Needs to be Part of Health IT (cont'd)

- Because individuals are already relying on the Internet to provide services.



Ensuring Confidentiality and Trust




- ➔ Increased accessibility to health records raises the question of how to ensure patient confidentiality and trust.
- ➔ In order to achieve any level of systemic durability and success, electronic exchange efforts must establish trusting relationships with all participants, including patients. *(Melissa M. Goldstein, JD et al, 2010)*

The Impact of 42 CFR Part 2

- ➔ The purpose of 42 CFR Part 2 and other regulations prohibiting disclosure of records relating to substance abuse treatment -- except with the patient's consent or a court order after good cause is shown -- is to encourage patients to seek substance abuse treatment without fear that by doing so their privacy will be compromised.

Critical Health IT Questions

- 
- ➔ 42 CFR Part 2 and other regulations provide the ground rules, but how those rules are applied to ensure effective treatment of substance use and mental health disorders needs to be determined through careful analysis.
 - Who needs what information when?
 - Who determines who needs what Information when?
 - How should psychotherapy notes be treated – as part of the patient record?

Principles of Fair Information Practices



- Individual Access
- Correction
- Openness and Transparency
- Individual Choice
- Collection, Use, and Disclosure Limitation
- Data Quality and Integrity
- Safeguards
- Accountability

The Role of States



- 42 CFR Part 2 set a minimum standard for protecting and security protected health information . If the state law is more restrictive then the state law governs.
- For example, mandatory child abuse reporting laws in each state are unaffected by 42 CFR Part 2.
- A local, county, or state counsel can advise whether state law or federal law is more restrictive in a given area.

42 CFR Part 2 FAQs

- ➔ To help providers in the behavioral health field better understand privacy issues related to Health IT, SAMHSA, in collaboration with ONC has created two sets of Frequently Asked Questions (FAQs).
- ➔ Both documents are developed by the Legal Action Center.
- ➔ These FAQs and other information regarding privacy can be accessed at:
<http://www.samhsa.gov/healthprivacy/>, and
- ➔ http://www.samhsa.gov/about/laws/SAMHSA_42CFRPART2FAQII_Revised.pdf

SAMHSA's HIT Objectives



- ➔ Increase the involvement of behavioral health organizations in state Health information Exchange (HIE) pilot activities
- ➔ Increase the number of behavioral health organizations meeting meaningful use activities
- ➔ Address the issues of privacy and security associated with mental illness and substance use disorder treatment
- ➔ Develop working relationships with Medicaid, Mental Health and Substance Use Authorities

SAMHSA Strategic Initiative - Health Information Technology



- ➔ Purpose: Ensure the behavioral health provider network, including prevention specialists and consumer providers, fully participates with the general health care delivery system in the adoption of health information technology.
- ➔ Primary role of SAMHSA's HIT effort is to support the behavioral health aspects of the electronic health record based on the standards and systems promoted by the Office of the National Coordinator for Health IT.

SAMHSA Health IT Strategic Initiative

Goals



- ➔ Develop the infrastructure for interoperable Electronic Health Records, including privacy, confidentiality, and data standards.
- ➔ Provide incentives and create tools to facilitate the adoption of Health IT and EHRs with behavioral health functionality in general and specialty healthcare settings.
- ➔ Deliver technical assistance to State Health IT leaders, behavioral health and health providers, patients/consumers, and others to increase adoption of EHRs and Health IT with behavioral health functionality.
- ➔ Enhance capacity for the exchange and analysis of EHR data to assess quality of care and improve patient outcomes.

HIT Activities: HIT Supplements to PBHCI



- ➔ **Pennyroyal Regional Mental Health Center** (Hopkinsville, KY) is one of 47 supplemental funds grants for Health IT infrastructure for current Primary and Behavioral Health Care Integration grantees (PBHCI).
- ➔ Objective of grants: to incentivize state designated entities and PBHCI grantees to develop infrastructure supporting the exchange of health information through the development or adaptation of EHR data systems.
- ➔ **Pennyroyal is in the “on-boarding” process to become a participant in the Kentucky Health Information Exchange (KHIE)**

Pennyroyal Mental Health Center



- ➔ As part of their PCBHI grant, Pennyroyal is improving and enhancing client care through an improved technological system.
- ➔ Expected outcomes of the integration of health IT with its existing EMR include:
 - Improved access to primary care services,
 - Increased prevention capabilities,
 - Increased ability to identify when intervention is needed to avoid serious health issues, and
 - Enhanced capacity to holistically serve those with mental health & substance abuse disorders through screening and services.

HIT Activities: Grants to Expand Care Coordination through the Use of Health Information Technology in Targeted Areas of Need



- ➔ **Kentucky River Community Care, Inc.** (Jackson, KY) is one of 35 Targeted Capacity Expansion (TCE)-HIT grants.
- ➔ Funds are to be used to leverage technology to enhance and/or expand the capacity of substance abuse treatment providers to serve persons in treatment who have been underserved because of lack of access to treatment due to transportation concerns, an inadequate number of substance abuse treatment providers in their community, and/or financial constraints.
- ➔ **Kentucky River Community Care, Inc., as part of Jackson Hospital Corp., is a participant in the Kentucky Health Information Exchange (KHIE).**

Kentucky River Community Care, Inc.



- ➔ Under their TCE-HIT grant, Kentucky River Community Care, Inc. is using cell phone technology to help pregnant women using drugs seek and access prenatal care or drug treatment.
- ➔ CATPAWS uses technology to help women overcome their fear and isolation through:
 - Implementing a specialized addiction treatment program for pregnant drug addicted women and those of child bearing age living in impoverished areas,
 - Providing women with Smartphones while in treatment and during pregnancy,

SAMHSA Behavioral Health Exchange Initiative with 5 States



- ➔ Kentucky is one of 5 States to be awarded SAMHSA's Behavioral Health Exchange Initiative grant.
- ➔ Coordinated through the National Council for Community Behavioral Healthcare (NCCBH).
- ➔ These five HIEs will disseminate their work and lessons learned as part of the project to benefit the HIE's nationally.
- ➔ The development and implementation timeframes for other HIEs will be dramatically shortened due to the lessons learned from the 5 states.

SAMHSA Behavioral Health Exchange Initiative with 5 States (cont'd.)



- ➔ Each state has initiated a statewide meeting with their behavioral health providers to identify the benefits for BH providers in the state and solicit their input.
- ➔ KY, IL and ME now have behavioral health workgroups.
- ➔ A baseline has been established for each state re. the number of BH providers currently in the HIE.
 - This will be tracked over time to follow the progress of BH involvement in the HIE.

SAMHSA Behavioral Health Exchange Initiative with 5 States (cont'd.)



➔ Regarding 42 CFR Part 2:

- States are working through issues of 42 CFR compliant consents to identify barriers and recommend needed solutions for success with HIEs.
- **Kentucky is modifying the national 42 CFR consent to meet further state requirements.**

➔ States are also focused on BH information in the Continuity of Care Document (CCD) regarding

- what is currently included,
- what additional data elements are needed to improve coordination and quality of care when a BH provider receives information from other providers.

SAMHSA HIT Standards Development



➔ Open Behavioral Health Information Technology Architecture (OBHITA) project:

- SAMHSA is working with the International Standards Organization Health Level 7 (HL-7) to define consensus standards for behavioral health information to be included in the standard Continuity of Care Document (CCD), and
- With the ONC Standards and Interoperability Framework for Data Segmentation for Privacy (DS4P) to identify exchange standards for patient consent information across EHRs.

SAMHSA HIT Collaboration



- ➔ The Department of Health & Human Services and the Department of Veterans Affairs (VA) demonstrated a set of standards that will allow sensitive health information to be shared responsibly.
- ➔ In the demonstration, SAMHSA and VA transmitted a mock patient's substance abuse treatment information tagged with privacy metadata from one EHR to another EHR system after electronically verifying that the mock patient had authorized the transmission.
- ➔ The demonstration was developed as part of the Data Segmentation for Privacy (DS4P) Initiative, supported by HHS' Office of the National Coordinator for Health Information Technology.

Health Information Technology Goes Beyond EHR



- ➔ Beyond the increased emphasis on interoperable EHR systems, the behavioral health field needs to be ready for the sweeping changes that technology brings:
 - The ability to identify new substances and exploit existing ones to trigger a euphoric or psychedelic effect (salvia, K2, bath salts)
 - The effect of social networking to get the message out, exchange information, build a community of users.
 - The ability to connect with suppliers throughout the world, who promise anonymous or discreet packaging and accept cash transfers.

Mobile Applications



- ➔ More providers in many areas of medical practice are beginning to encourage the use of health apps for assistance in treating conditions and promoting general wellness
- ➔ **Health apps** are programs that offer health-related services for smart phones and tablet-PCs. They can also be internet based-tools that are accessible from a PC. Apps can be used for self-monitoring purposes or in collaboration with treatment providers
- ➔ The desired goal of apps is to increase participation in one's own health care, increase access to information and create linkage to care

Addiction Comprehensive Health Enhancement Support System (A-Chess)

- SAMHSA is testing the Addiction Comprehensive Health Enhancement support System (A-Chess) – a Smartphone-based recovery tool that features:
- Online peer support group & clinical counselors,
 - A GPS feature that sends an alert when the user is near an area of previous drug or alcohol activity,
 - Real-time video counseling, and
 - A “panic button” that allows the user to place an immediate call for help with cravings or triggers.

Effective Use of Social Media



- ➔ BH providers should view technology tools as an integrated network – many people own Smartphones, I-pads, tablets, GPS systems – design tools that integrate the individual tools.
- ➔ Fundraising and Social Awareness campaigns gain large audiences through outlets such as Twitter and Facebook
- ➔ Social Media can be used as a low-cost marketing and advertising strategy to promote services and attract clientele



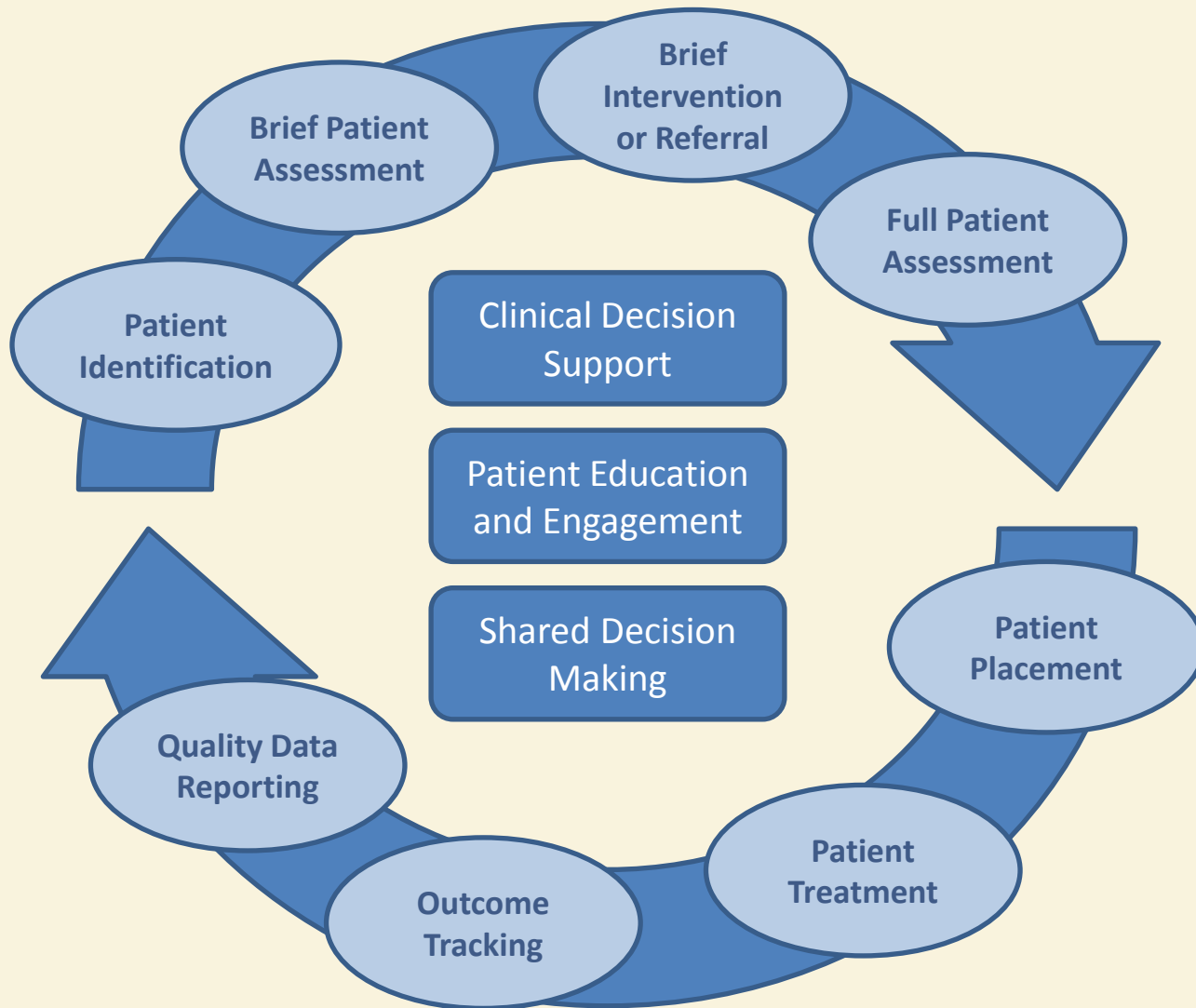
ADVANCED TOOLS

The Future of HIT for Behavioral Health

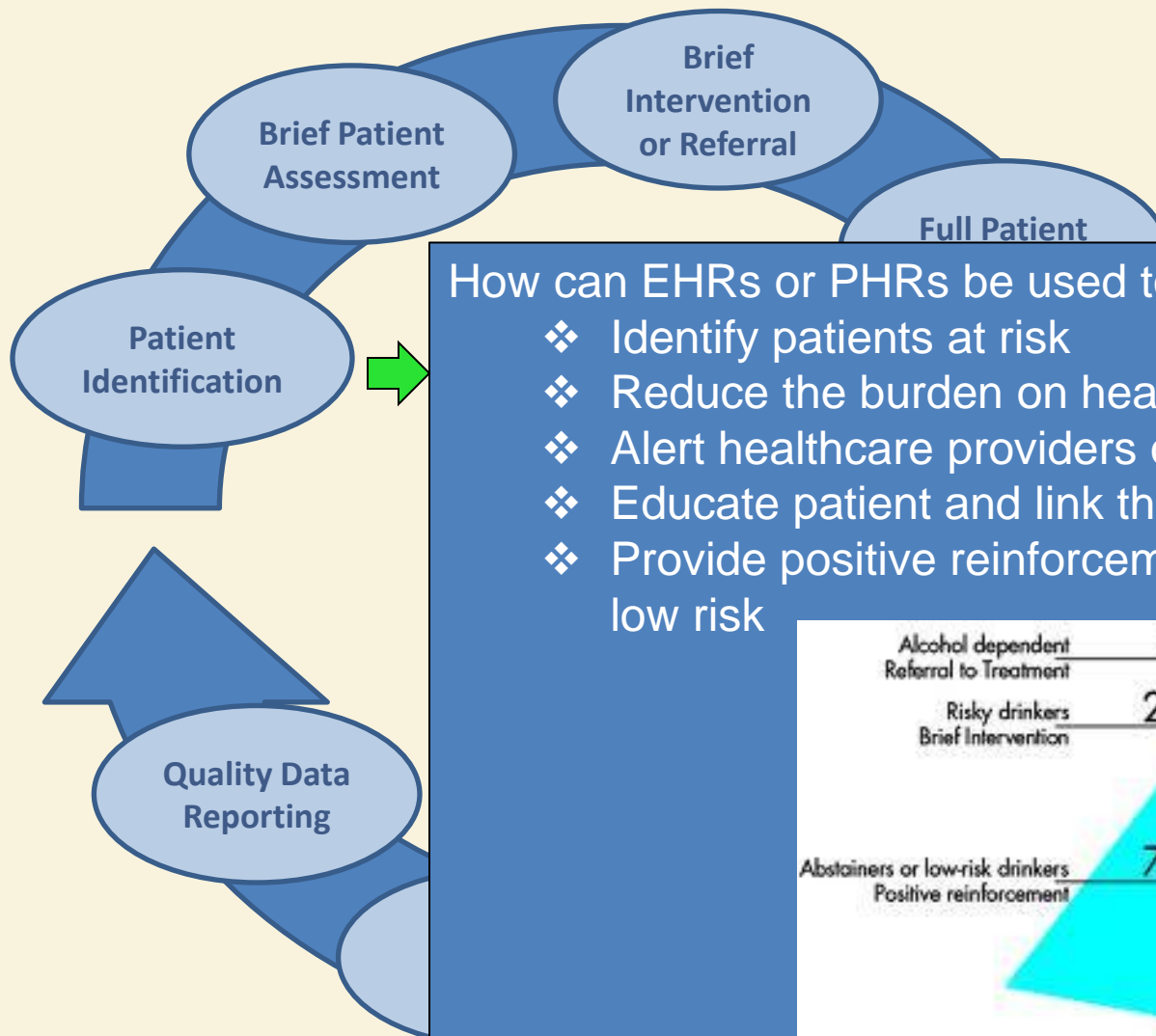


- ➔ The HIT revolution is just beginning
- ➔ Technology is evolving rapidly
- ➔ Many of the tools that are being used now will be displaced by newer tools that support safer, higher quality, more efficient workflow
 - Examples- Basic compliance with privacy regulations vs. systems that give the patient more dynamic control
- ➔ Focus on long term potential for advancing care through HIT

BH Treatment Lifecycle

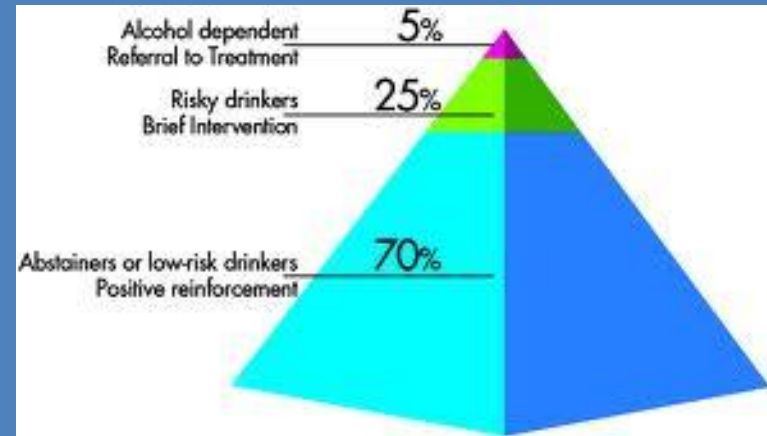


BH Treatment Lifecycle

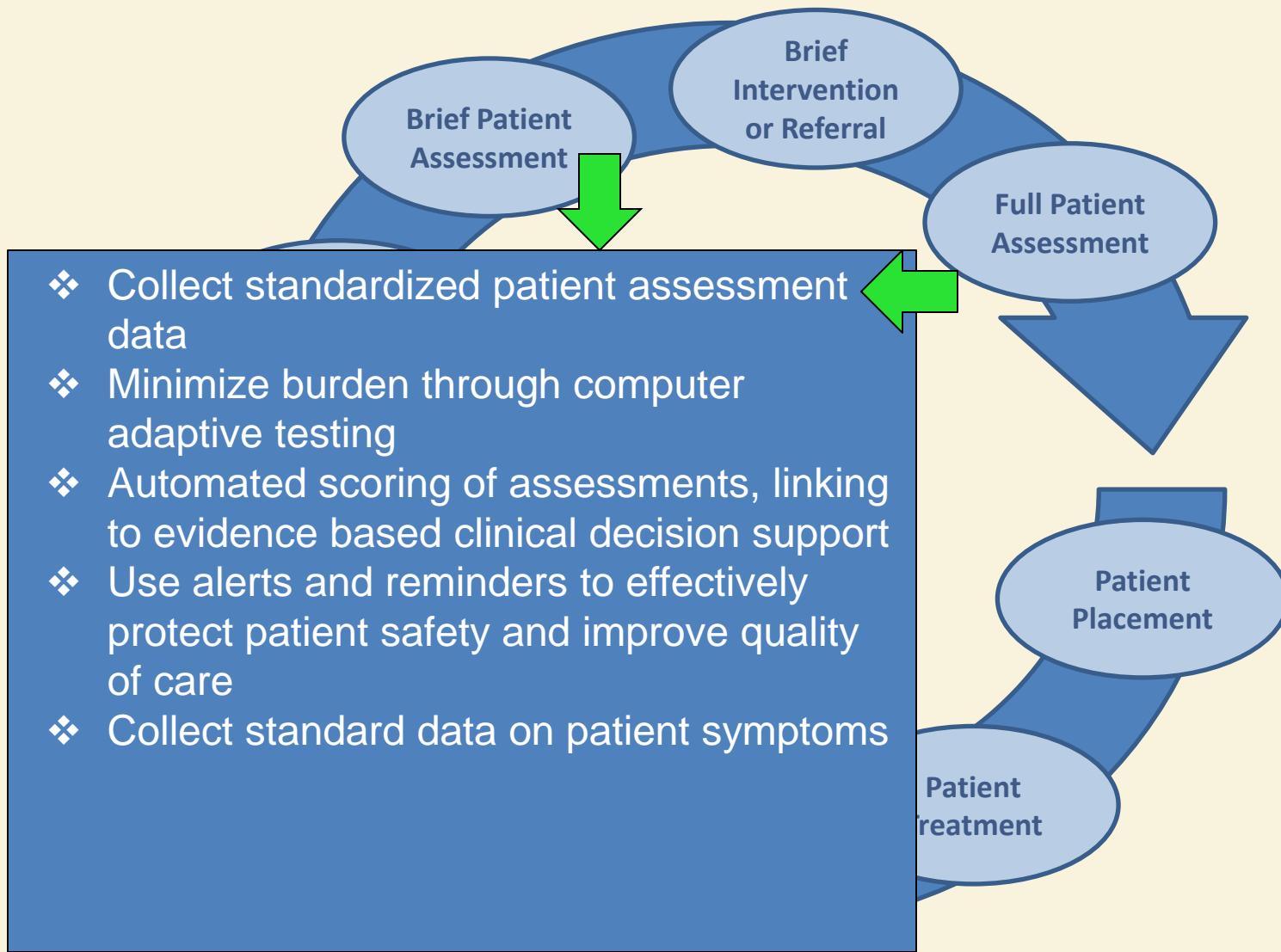


How can EHRs or PHRs be used to:

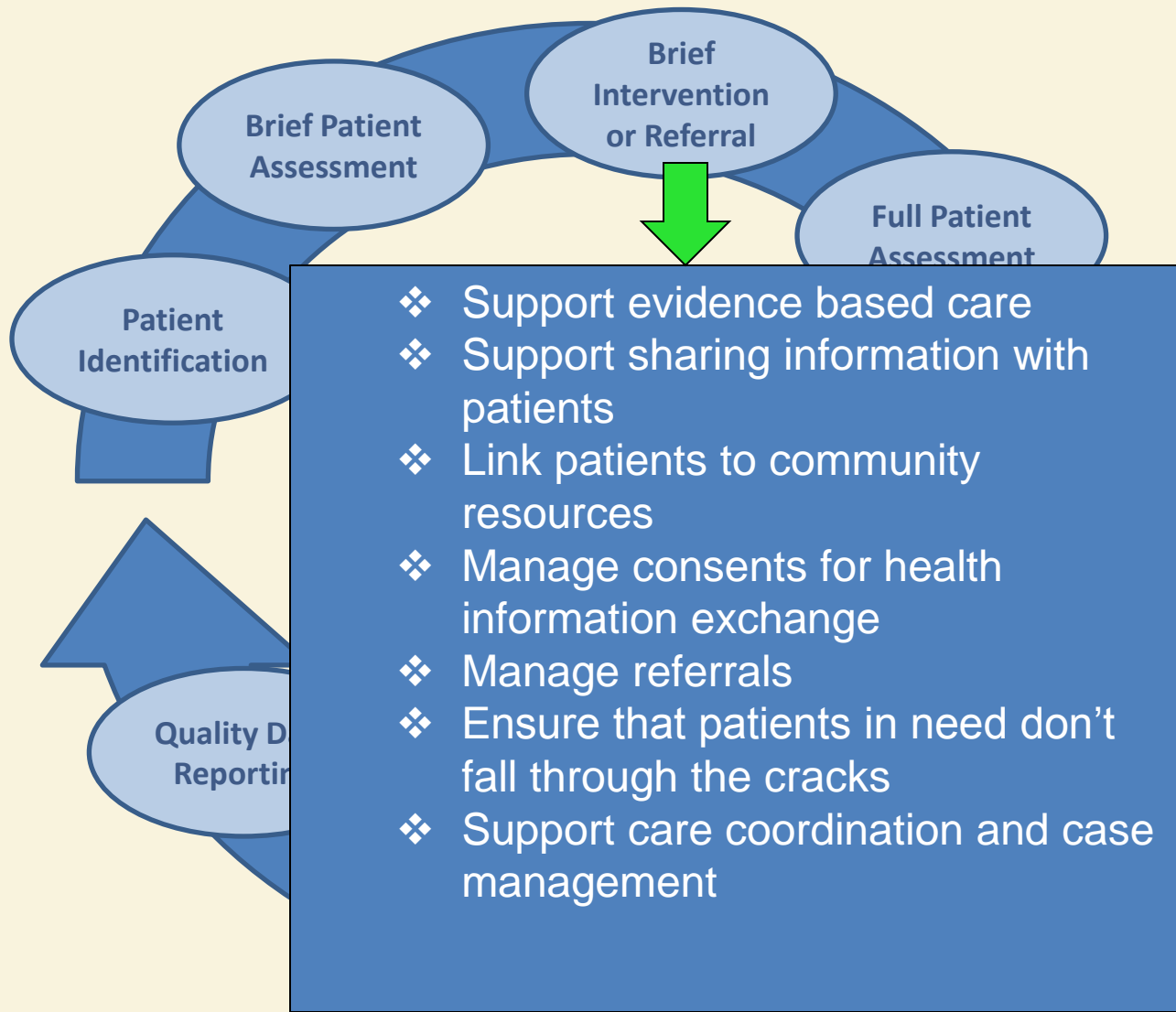
- ❖ Identify patients at risk
- ❖ Reduce the burden on healthcare providers
- ❖ Alert healthcare providers of patients at risk
- ❖ Educate patient and link them to resources
- ❖ Provide positive reinforcement for patients at low risk



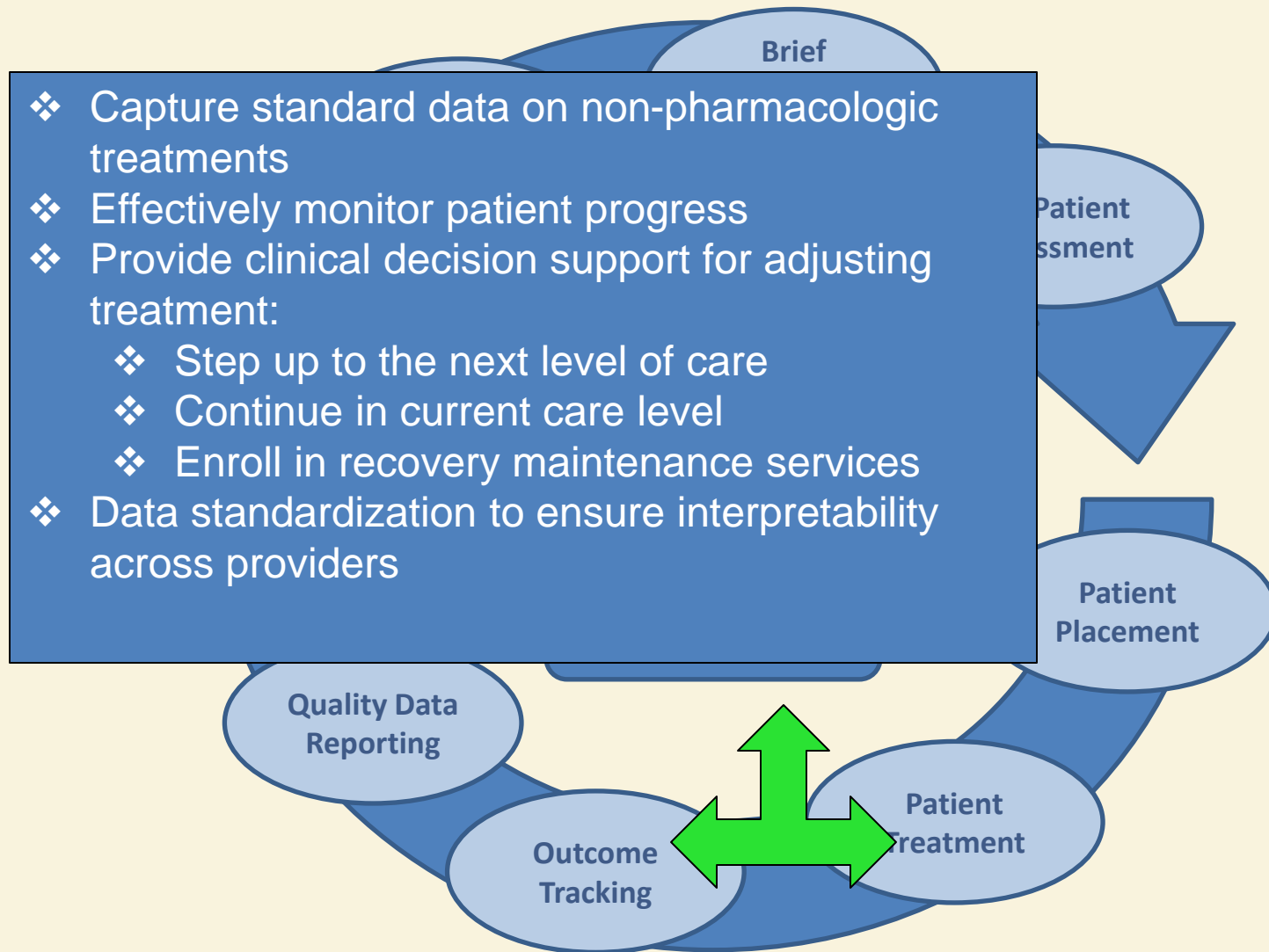
BH Treatment Lifecycle



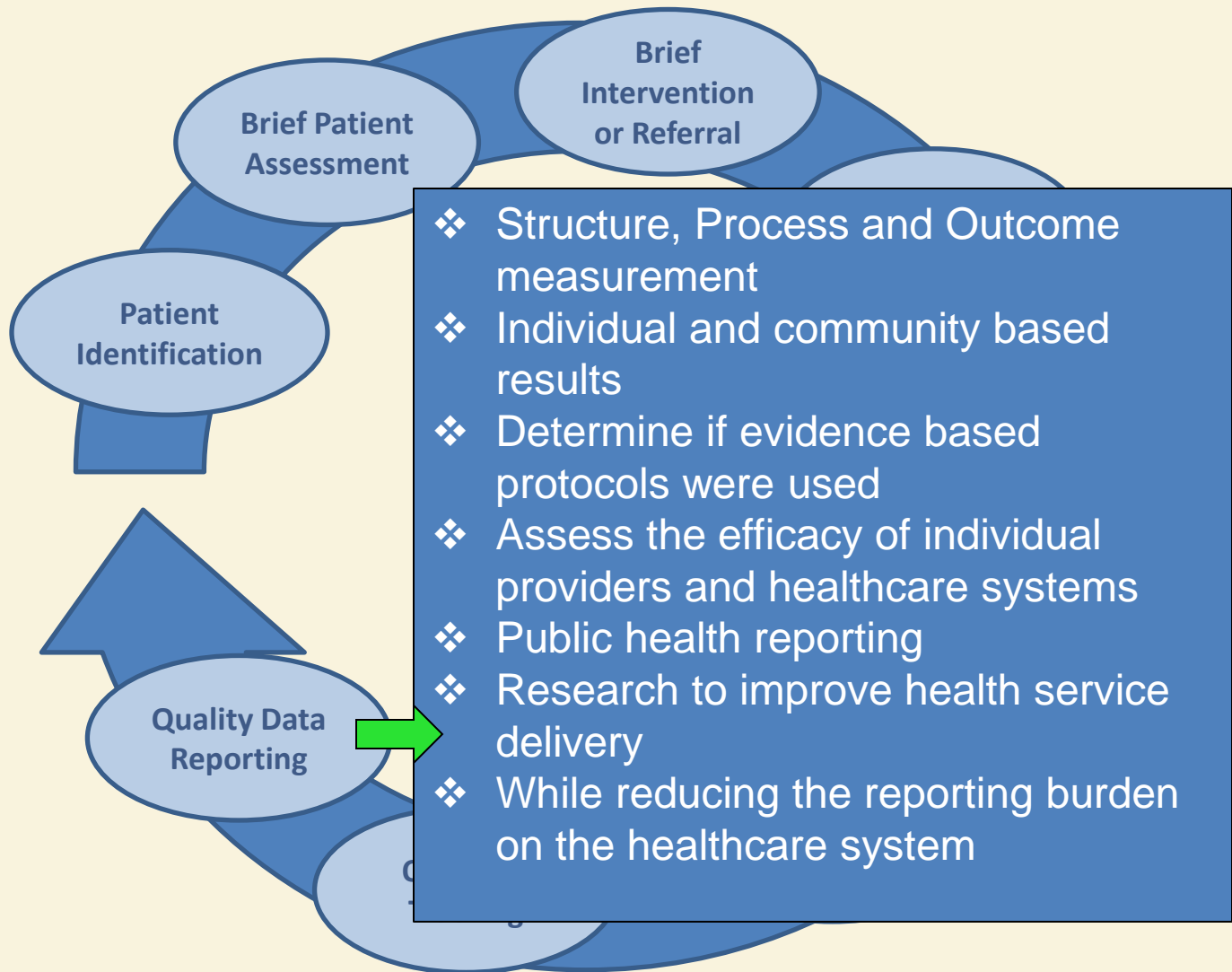
BH Treatment Lifecycle



BH Treatment Lifecycle



BH Treatment Lifecycle



Learning Systems



- ➔ Data can be analyzed to correlate symptom profiles and treatments used with Outcomes:
 - Algorithms that determine the treatment plan can be updated based on feedback loop
 - Creates continuous learning environment
 - Personalized medicine
 - Support research into the biological basis of behavioral health disorders

Patient Engagement

- Capturing patient reported data in the EHR
- Interface with the patient through a web portal or PHR
- Provide the patient with health information tailored to their own risks and to level of health literacy
- Provide community and online resources
- Tools to support shared decision making
- Goal setting and tracking
- Link with mHealth tools



Advanced Tools



- ➔ SAMHSA is working closely with provider organizations and our federal partners to promote the development of tools to support the treatment lifecycle
 - ApA, APA, ASAM, AHRQ, NIH (NIMH, NIDA, NIAAA, OBSSR)
 - Research on the use of HIT to advance care is a new but growing field, and key to transforming our behavioral healthcare system
- ➔ We have invited the vendor community to join in this collaboration

Conclusion



- ➔ Health IT has the capacity to change the behavioral health care field and the general health care field.
- ➔ That impact will be felt by behavioral health providers, regardless of how fully they fit into the new technology facilitated system.
- ➔ Kentucky is leading the way toward creating a comprehensive, integrated state health information exchange.
- ➔ The experiences and lessons learned will serve as a guide for others.



THANK YOU.

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